

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are list below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FOOD PRODUCT FOR LOWERING CHOLESTEROL LEVELS

the specification of which

() is attached hereto.

() was filed on _____ as

Application Serial No. _____

and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below: Application No. _____ Filing Date: _____

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Month/Year Filed)

() Yes () No

(Number) (Country) (Day/Month/Year Filed)

() Yes () No

(Number) (Country) (Day/Month/Year Filed)

() Yes () No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: None



30173

(Application Serial No.) (Filing Date) (Status: patented, pending, or abandoned)

(Application Serial No.) (Filing Date) (Status: patented, pending, or abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Taylor, Douglas J. (Reg. No. 32,945)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor VALA, LISA A.

Inventor's Signature _____

Date

Residence: 4615 Juneau Lane North, Plymouth, MN 55446

Citizenship: United States

Post Office Address: Same as residence

Full name of second joint inventor, if any LEWANDOWSKI, DANIEL J.

Second Inventor's Signature _____

Date

Residence: 10916 Decatur Ave. S., Bloomington, MN 55438

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Post Office Address: Same as residence

Full name of third joint inventor, if any HEDDLESON, RONALD A.

Third Inventor's Signature _____

Date

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Citizenship: United States

Post Office Address: Same as residence

Full name of fourth joint inventor, if any GUGGER, ERIC T.

Fourth Inventor's Signature _____ Date _____

Residence: 13571 Birch Road, Rogers, MN 55374

Citizenship: United States

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Full name of fifth joint inventor, if any PERDON, ALICIA A.

Fifth Inventor's Signature _____ Date _____

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